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**A METHODOLOGY FOR  
NURSING SALARY FORECASTING.**

LT COLONEL F. THEODORE HELMER  
LT PAUL D. LEVY

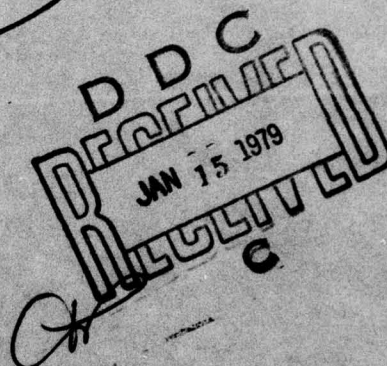
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FINAL REPORT.

FEBRUARY 1978



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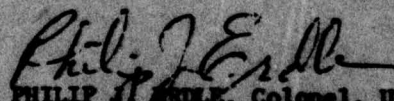
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Editorial Review by Lt Col Elser  
Department of English  
USAF Academy, Colorado 80840

This research report is presented as a competent treatment of the subject, worthy of publication. The United States Air Force Academy vouches for the quality of the research, without necessarily endorsing the opinions and conclusions of the authors.

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REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER USAFA-TR-78-10	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) A METHODOLOGY FOR NURSING SALARY FORECASTING	5. TYPE OF REPORT & PERIOD COVERED FINAL REPORT	
7. AUTHOR(s) Lt Colonel F. Theodore Helmer, Lt Paul Don Levy, and Dr. James D. Suver	6. PERFORMING ORG. REPORT NUMBER	
9. PERFORMING ORGANIZATION NAME AND ADDRESS Department of Economics, Geography and Management United States Air Force Academy, Colorado 80840	8. CONTRACT OR GRANT NUMBER(s)	
11. CONTROLLING OFFICE NAME AND ADDRESS DFEGM USAF Academy, CO 80840	10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS	
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)	12. REPORT DATE February 1978	
	13. NUMBER OF PAGES 67	
	15. SECURITY CLASS. (of this report)	
	15a. DECLASSIFICATION/DOWNGRADING SCHEDULE	
16. DISTRIBUTION STATEMENT (of this Report) Approved for Public Release; Distribution Unlimited		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number) Health care costs; Nursing cost; Nursing salary; Budgeting.		
20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The cost of health care has been spiraling for years, and the pressures to increase efficiency are becoming greater. This study presents several models capable of evaluating and relating hospital budgets to workloads. Specifically, we have developed models for forecasting nursing salary expenses in the OB/GYN ward, the Medical/Surgical ward, and for total nursing salary expenses. These models can be used for budgeting, measuring efficiency, and controlling nursing salary expense. The methodology can be applied to other wards within the hospital for monthly and yearly nursing salary predictions.		

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## INTRODUCTION

The cost of medical care in the United States has been spiraling for years. The military, as a provider of health care services, is accutely affected by these rising costs. With the military budget being stretched as far as possible, any increase in the efficiency with which the military can provide health care will ease the military's budget problems. Until recently, the military hospital simply did not feel the need to operate on a tight budget.

This study will explain a group of models capable of evaluating and then linking budget expenditures to hospital workloads. The models presented in this study tie hospital expenses to workload, specifically in the area of Nursing Salary Expense. We envision that the military hospitals would gain a great deal by employing similar econometric models relating workload to budget. The type of models presented in this study serves to increase hospital operating efficiency and ultimately to reduce hospital costs.

## THE BUDGETING PROCESS

The budget is being used extensively in both profit and non-profit organizations to control costs. A properly designed budget can serve as a plan for action, a communicative device to inform employees of management goals, a motivation aid to cost conscientiousness, and finally a control device for monitoring performance.



The concept of budgeting is not new to hospitals. Some administrators appear to use budgets more effectively than others, but all will agree that the budget is an important tool. As noted earlier, budgets are an important management control technique in profit organizations; however, they are the primary tool used to control costs in non-profit organizations where the profit measurement factor is not available. Proper budgeting may be the 'sin qua non' in non-profit organizations, such as in hospitals where it is extremely difficult to measure output. Factors such as quality and intensity of care provided serve to confuse conventional output measurement totals like patient days or number of procedures.

The input (resources consumed) side of the budget is relatively easy to measure. Since we know what has been spent, the primary problem becomes one of determining the actual outputs achieved. The actual output can vary from the expected output levels for which the budget was prepared. Given the variance from planned output, what are the inputs that should be used to most efficiently achieve the actual level of output? We have found that many hospitals currently compare actual expenditures against planned budgeted amounts without regard to these variations in output.

The model presented in this paper reinforces the flexible budget concept and provides an understanding of the nature of fixed and variable costs. Most organizations encounter two types of costs. The first type varies directly with the volume of output being achieved. For example, the number of patients in a

ward should influence the costs for drugs, meals, and some other individual services. This type is considered "variable costs." Conversely, some costs, such as building, utilities, insurance, etc., vary directly with the number of patients. These costs are commonly referred to as "fixed costs." For example, the number of beds, the administrative staff, and the depreciation expense would not be expected to increase with the addition of one more patient. The concept of flexible budgeting stresses that variable costs are the only costs that should change with the output. Therefore, the budget for different patient loads can be determined and actual expenditures measured against the budget for the actual output. This measurement removes the impact of a volume variance from the analysis and allows management to concentrate on controllable factors, such as spending and efficiencies.

Although simple in concept, the major difficulty comes in analyzing those costs that are both fixed and variable. For example, two nurses may be able to provide service to five patients. The addition of a sixth patient means that another nurse must be hired. Clearly, the sixth patient should not be charged for the entire costs of the third nurse because a seventh patient can now be added without incurring additional nursing salary expense. These costs, typically called semi-variable (or "semi-fixed"), cause considerable difficulty in the implementation of a flexible budget concept. Many hospitals use patient days as a valid output

measurement, but this figure is not the sole determinant of changes in total costs. The models developed in this paper will suggest other good measures, and hopefully allow administrators to more fully appreciate the potential of a flexible budget.

#### METHODOLOGY

In order to implement a flexible budgeting process, we developed statistical models which can be used both to predict the level of variable costs and also to determine what specific workload (output) factors explain the level of costs incurred. With the enthusiastic cooperation of a local non-profit 400-bed general hospital, we took a careful look at the time-phased trends in each ward's workload, nursing manhours, nursing salaries, and the total hospital's salaries for each month. (Total salary expense is 70% nursing salaries.) Thirty-five consecutive months of data starting from October 1974 were used in the development of the model, and we purposely restricted ourselves to using data from the Hospital Administrative Services (HAS) reports for future inter-hospital comparisons. As of this writing, models predicting nursing salaries for the O.B. ward, the Medical/Surgical ward, and for total hospital salary expense have been developed. Figure 1 contains a graph of total nursing salaries over time; it shows that the nursing salaries are increasing over time at a steady rate. This rise is alarming when one studies the workload indicators over time and learns that,



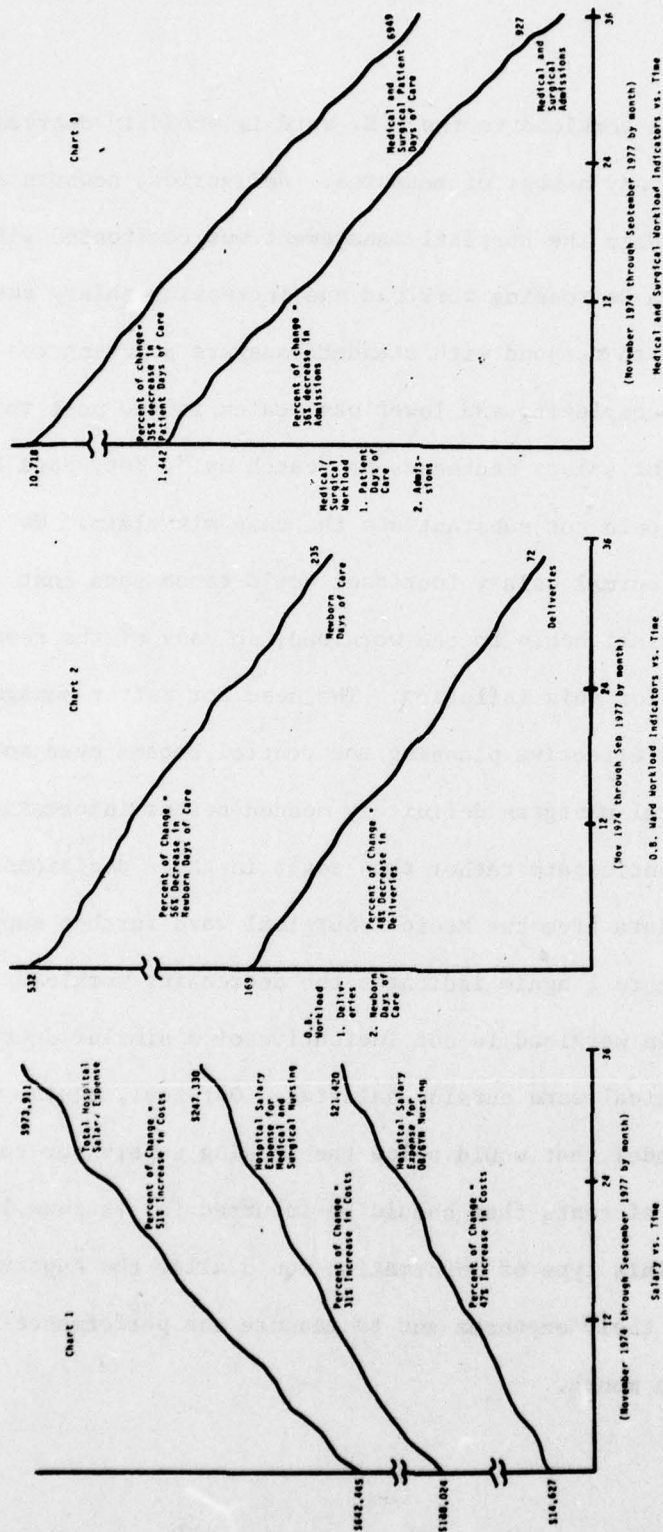


FIGURE 1. WORKLOADS AND SALARIES VS. TIME

for example, the workload in the O.B. ward is steadily decreasing over time using any number of measures: deliveries, newborn days of care, etc. When the hospital management was confronted with the reality of a decreasing workload and increasing salary costs, they were quick to respond with standard answers pointing to increased case complexity and lower pay scales in the past that had caused recent salary increases to "catch up." Yet, data from the O.B. ward could not substantiate the case mix claim. We recognize that normal salary increases would cause some cost increases in relationship to the workload, so many of the resulting models allowed for this inflation. The need for better management information for effective planning and control became even more evident; hospital managers definitely needed better information so they could anticipate rather than react in their decisions.

The HAS data from the Medical/Surgical ward further supported this need. Figure 1 again indicates the decreasing workload, yet this decrease in workload is not indicative of a similar decrease in Medical/Surgical ward nursing salaries. Our goal, again, was to develop a model that would allow the nursing supervisor to predict the level of costs that should be incurred for various levels of workload. This type of information would allow the supervisors to better plan their expenses and to measure the performance at the end of each month.

#### Model Development--Stage One

The first phase of developing such a model was the collection of the time-phased data which, unfortunately, revealed that costs were increasing when workload was decreasing. This rather startling observation caused management to start investigating trends, only to discover that inflation was not the cause and that levels of inefficiency were increasing without an adequate explanation. (When cost figures were deflated using GNP deflators for each month, an increasing cost relationship remained.)

#### Model Development--Stage Two

The second phase of research was the development of regression models that could predict nursing salaries based upon historical cost and workload data. These models were developed from a great many iterations using the DETRUTH regression option available as software on a Burroughs 6700 computer. The resulting models in Figure 2 were very effective in predicting salary costs for both the O.B. and Medical/Surgical wards based upon planned workload. Further, the existence of a flexible budget model allowed the nursing supervisor to control the nursing salary costs for these two wards by making monthly comparisons of forecast vs. actual costs for the output achieved. Note that we are using historical data with historical efficiencies, and the predicted salary costs for each ward are built upon their own past experience. By removing the inflationary trend in salaries, the model would suggest that the level of efficiency on the ward should remain constant.



# MODEL 1

## Dependent Variables

O.B. Nursing Salary

## Independent Variables

O.B. Admissions

O.B. Patient Days

Time

# MODEL 2

Medical and Surgical  
Nursing Salary

Medical and Surgical  
Admissions

Medical and Surgical  
Patient Days of Care

Total Discharges

Time

# MODEL 3

Total Salary Expense

Total Discharges

O.B. Nursing Salary

Time

Figure 2. O.B., Medical/ Surgical, and Total Salary  
Regression Forecast Models, with their  
Corresponding Independent Variables

At this stage, we operated the model in parallel with existing budgeting systems, and the nursing supervisor was given the predicted budgets each month for three months. By comparing actual costs with the predicted costs from the model and integrating management judgment on large deviations with the model's prediction, the nursing supervisors gained confidence in the technique.

#### Multiple Variable Regression Models

Three multiple variable regression models were formed to forecast and explain variations in O.B. Nurse Salary Expense, Medical/Surgical Salary Expense, and Total Hospital Salary Expense. For each of these dependent variables, many independent variables were evaluated in numerous combinations to attempt to model the dependent variable. For each dependent variable a final model is presented. The significant results and conclusions obtainable from these three models are shown in Figure 3.

#### RESULTS

The findings of this study fall into two interrelated categories. First, we have developed and analyzed nine single variable simple regression models relating workload and nursing salary to time. Second, we have developed multiple regression models for O.B. Ward Nurse Salary, Medical/Surgical Nurse Salary, and Total Hospital Salary Expense. These models are capable of forecasting Salary Expense values from workload input variables.

MODEL

	$R^2$	F-Statistic	Average Residual Error	Average Percent Error
O.B. Nursing Salary	.72	22.16	\$700.2	3.7%
Medical & Surgical Nursing Salary	.63	14.92	\$7703.7	3.4%
Total Salary	.92	121.48	\$18,256.9	2.1%

Figure 3. Multiple Regression Models for the Forecasting  
of Hospital Salary Expenses with Accompanying Statistics



### O.B. Ward Nursing Salaries

The first series of models developed in this study involves the hospital's O.B. ward. Detailed analysis of data showed that the key variables indicative of O.B. workload were newborn days of care and deliveries, and both were inversely related to time. Over the 35-month period of model evaluation, deliveries fell from a high of 169 to a low of 72, an almost linear decrease of 48 percent. Newborn days of care, over the same 35 month period of evaluation, declined over 56 percent. O.B. nurse salary, when similarly evaluated, was directly and positively related to time and increased by nearly 47 percent.

The above results describe an inverse relationship between workload and total salary expense over the 35 months studied. This surprising result, only partially explained by salary inflation, emphasizes the need for more efficient salary budgets and more effective control procedures.

### Medical/Surgical Ward Nursing Salaries

The conflicting workload/salary trends uncovered in the O.B. model were further substantiated by an examination of the hospital's Medical/Surgical ward data and the hospital's total salary expense. Medical/Surgical workload indicators all pointed towards a decreasing volume of Medical/Surgical ward patients. Medical/Surgical patient days of care dropped from a high of 10,718 to a low of 6,949 with the trend line indicating a 35 percent decrease

over the 35 months evaluated. Medical/Surgical Admissions showed a drop of 36 percent while medical/surgical nursing salary expense increased over 31 percent. The trend once again indicates rising costs and diminishing workloads.

#### Total Hospital Salaries

When the total salary allocation for the hospital was examined, we observed an upward trend of over 51 percent during the 35 months. During this same period of evaluation, total discharges, a measure of aggregate hospital workload, declined by over 26 percent.

#### Workload and Cost Trends

Figure 4 summarizes our workload and cost analysis. The six workload variables evaluated all showed a substantial decline over the past three years. During this time, salary expense rose 40 percent. More interesting, maximum workloads tended to occur in 1974, while maximum salary expenses occurred in 1976 and 1977. The conclusion we can draw is that hospital efficiency is declining at a constant rate especially since case complexity is constant. Figure 1 substantiates this conclusion. The factor analysis summarized in Figure 4 brought the problem of inefficient and ineffective budgeting to the hospital's attention.

	Maximum Value	Date	Minimum Value	Date	% Change in Value of Trend Line
Newborn Days of Care	532	Nov 74	235	Jan 77	56% Decrease
Deliveries	169	Nov 74	72	Feb 77	48% Decrease
O.B. Nurse Salary Expense	\$ 21,420	Mar 76	\$ 14,627	Mar 74	47% Increase
Medical/ Surgical Admissions	1,442	Nov 74	927	Feb 77	36% Decrease
Medical/ Surgical Patient Days of Care	10,718	Dec 74	6,949	Sep 77	35% Decrease
Medical/ Surgical Discharges	1,584	Aug 74	908	May 77	43% Decrease
Medical/ Surgical Nursing Salary Expense	\$247,330	Jul 76	\$188,024	Nov 74	31% Increase
Total Discharges	1,587	Jan 75	1,167	Oct 76	26% Decrease
Total Salary Expense	\$973,911	Aug 77	\$642,445	Nov 74	51% Increase

Figure 4. Characteristics of Key Variables

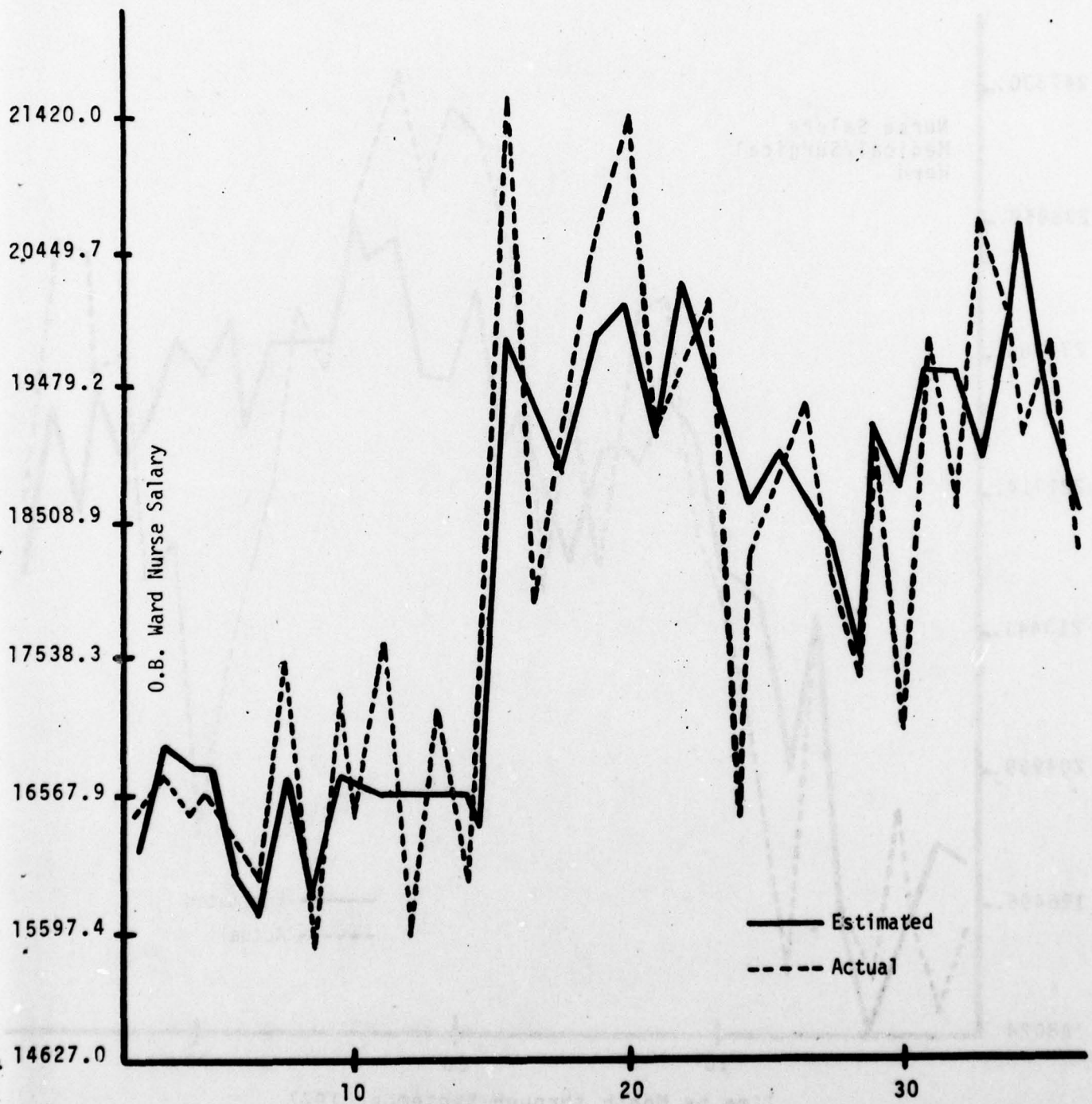


### Salary Expense Forecasting

Figure 2 presents the content of the three multiple regression models developed by this study.

O.B. nursing salary was regressed as a function of O.B. admissions, O.B. patient days of care, and time and the results presented in Figure 5. This model has been extremely accurate in forecasting O.B. nursing salary expense. When used to predict O.B. nursing salary based upon workload predictions, this model was accurate within two percent. Over the 35 month period of model evaluation, the model's average percent variation from actual nursing salary was 3.7 percent. The coefficient of Multiple Determination ( $R^2$ ) was equal to .72, and a test of this model's F-statistic indicates that with a probability of .999, a relation exists between the dependent variable (O.B. Nurse Salary) and the set of independent variables.

Medical/surgical nursing salary varied as a function of medical/surgical admissions, medical/surgical patient days of care, total hospital discharges, and time. Over the 35 month period of model evaluation, this model's average percent variation from actual medical/surgical nursing salary was only 3.4 percent as shown in Figure 6. The model's coefficient of Multiple Determination is .63, and a check of this model's F-statistic also reveals that, with a certainty of .999, a regression relationship exists between the dependent variable (Medical/Surgical Nursing Salary) and the independent variables.



Time by Month through September 1977

Figure 5. O.B. Nurse Salary vs. Time

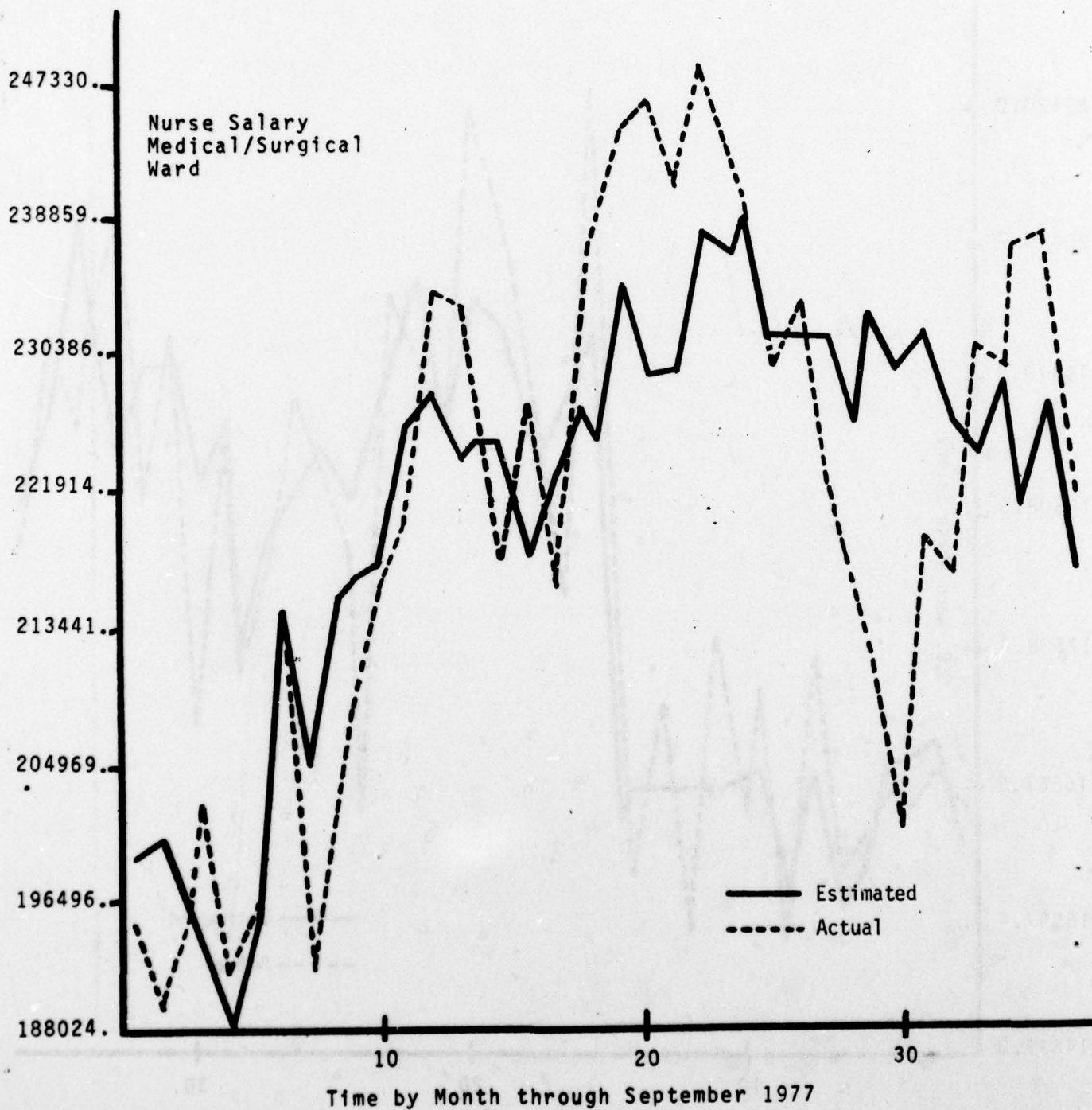


Figure 6. Medical/Surgical Nurse Salary vs. Time



The last model developed relates total hospital salary expense to total discharges, O.B. nurse salary, and time. The coefficient of multiple determination for this model is equal to .92, while the average residual error, attributed to this model over the 35 months, was only 2.1 percent. This model's F-statistic reveals that, with a certainty of .999, a regression relation exists between total salary expense and the variables used to model total salary expense (Figure 7).

Several points concerning the usage of the above described models should be clarified at this time. First, single variable time series regression analysis can serve as a useful indicator of trends in both cost and workload. These models allow hospital administrators to project, in a very simple and quick manner, workload and costs for future budget preparation. Second, the multiple regression forecast oriented models for nursing salary serve to inform administrators of what hospital budgets for nursing salary, based upon workload, should be in future months. These models can be evaluated with various workload assumptions, thus providing the administrator with an idea of flexible budget/workload relationships. In short, models forecasting nursing salary, as accurately as those described in this paper, can serve as a tool to allow administrators to employ a flexible hospital budget tied to workload projections.

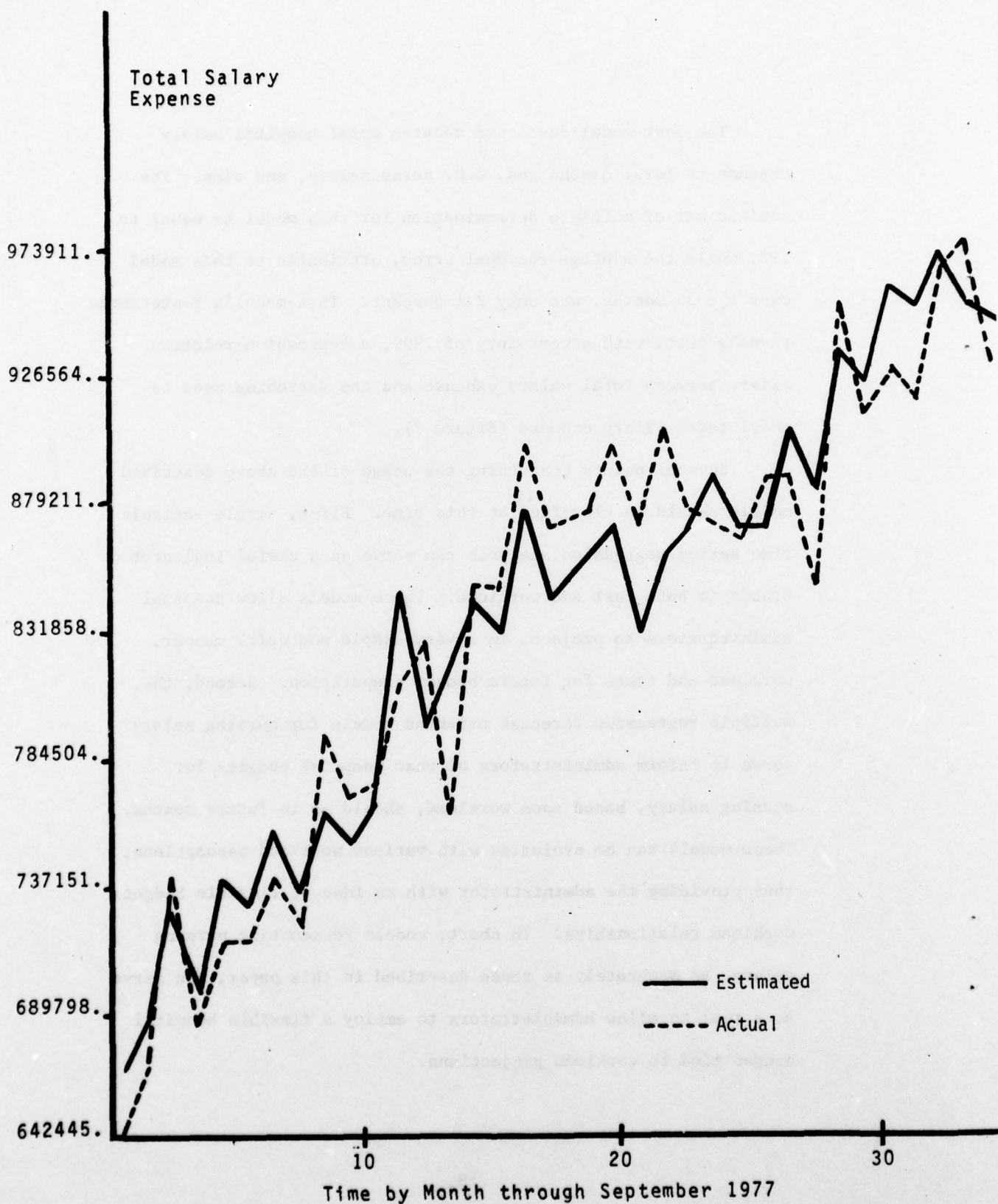


Figure 7. Total Salary vs. Time

#### CONTINUING RESEARCH

This research is currently being expanded into the remaining wards of the hospital. The results to date have been both encouraging to us and beneficial to the hospital. We are currently working with the nursing supervisors on each ward to carefully analyze and evaluate those data points that are beneath the regression line to further our understanding of the cost savings we witnessed during these "efficient" months. Our mutual goal is to obtain an understanding of both the low-cost and high-cost months, so that we might better capitalize on the observed efficiencies, modify our data to allow for any irregularities, and develop a new model which would give the hospital the necessary salary budget projections based upon anticipated efficiencies. This fine-tuned model would provide an even greater predictor of salary costs as a function of workload.

The question of predicting the demand side of the model remains a perplexing one for most hospital administrators. In order to alleviate this problem, we are currently developing a multiple regression model for the Colorado Springs area based on population trends, age pattern, level of care, and occupancy rates. This model should allow the hospital staff to better project the future level of services and to predict what the individual hospital can expect in terms of patient load and case mix.



## CONCLUSION

The cost prediction models that were developed provide the nursing supervisor with monthly and yearly nursing salary predictions for two major wards as a function of workload. For any given level of monthly workload, costs can be estimated based upon historical levels of efficiencies. Costs that fall within the predicted levels can be considered normal, and management can focus its attention on the areas that are outside the expected behavior. Such issues as inflation, nurse skill mix, intensity of care, quality of care, and improvements in efficiency can be considered as possible justification for the observed deviations. The models developed are currently being used by the hospital studied, and the results obtained so far suggest that they are far superior to any existing management procedures. They provide the nursing supervisor with a technique to allow her to more effectively budget her costs using a flexible budget, and to control her operation by concentrating her attention to abnormal deviations in salary costs.

## APPENDIX A

### Total Hospital Salary Expense

NOTE: Appendix A describes, in detail, the multi-variable regression equation used to model Total Hospital Salary Expense.

### The Model

Dependent Variable	Independent Variables
Total Salary Expense, (Y)	Total Discharges, (X <sub>1</sub> )
	OB Nurse Salary, (X <sub>2</sub> )
	Time, (X <sub>3</sub> )

Total salary expense can be expressed in terms of the following mathematical expression:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon_i$$

A regression of this model yielded the following coefficients:

$$Y = 347,233 + 45.4 X_1 + 14.8 X_2 + 6938.2 X_3 + \epsilon_i$$

NOTE:  $\epsilon_i$  = The regression error term associated with the prediction of each particular true value of Y.

NOTE: The average values for  $X_1$ ,  $X_2$ , and  $X_3$  respectively are 1400, 18000, and 19. These values tend to support the values found

for  $\beta_1$ ,  $\beta_2$  and  $\beta_3$ . The average values taken with the regression coefficients denote the fact that each of our variables is important to the prediction of Y, and no one variable overpowers the others.

#### Statistics

A.  $R^2 = .92$

$R^2$  is the Coefficient of Multiple Determination. The use of the predictors  $X_1$ ,  $X_2$ , and  $X_3$  explains the total variation in Y by the proportion indicated over the variation that would be explained were  $\bar{Y}$  the only predictor. 92.16% of the variation in Total Salary Expense is explained by the above stated regression model.

B.  $R_a^2 = .91$

$R_a^2$  is the adjusted Coefficient of Multiple Determination. As independent variables are added to any regression model,  $R^2$  must increase due to effects explained by the mathematical representation of Y-value dispersion.

$$SSTO = SSR + SSE$$

SSTO = Total Dispersion

SSR = Dispersion explained by the model

SSE = Dispersion not explained by the model

SSE must decrease with the addition of independent variables, while SSTO is constant for a given set of responses. The adjusted coefficient of multiple determination is defined so that it may actually become smaller when independent variables are added to the model. The adjusted  $R^2$  will show the true contribution of the independent variables to the model's explanatory powers.



### C. F-Test Statistic

The F-Statistic addresses the question, "Does a relationship exist between the dependent variable, Total Hospital Salary Expense (Y), and the set of independent variables ( $X_1$ ,  $X_2$ , and  $X_3$ )?"

$$\text{or: } H_0 : \beta_1 = \beta_2 = \beta_3 = 0$$

$$H_1 : \text{At least one } \beta_i \text{ not equal to 0.}$$

F-critical for a confidence level of .999 is 7.05.

The model's F-statistic is

$$F_{35}^4 = 121.48$$

Since 121.48 is greater than 7.05, it may be concluded with a certainty of 99.9% that a regression relation between the independent and dependent variables exists. The hypothesis  $H_1$  is, on the basis of this test, accepted and the null rejected.

### D. T-Statistic

The T-Statistic answers the following question for each independent variable: "Should the independent variable be allowed to remain in this model given that all other independent variables are in the model?" (i.e., "what is the marginal contribution of each independent variable?")

$$\text{or: } H_0 : \beta_i = 0; \text{ given all other } \beta_j \text{ are present in the model.}$$

$$H_1 : \beta_i \text{ not equal to 0; given all other } \beta_j \text{ are present in the model.}$$

Variable	T-Statistic	T-Critical	Confidence Level
Total Discharge	.855	.854	.600
O.B. Nurse Salary	4.72	3.64	.999
Time	10.370	3.646	.999

For each of the above referenced variables, the T-statistic is greater than T-critical. It may be concluded, at the appropriate confidence level, that  $\beta_1$  is not equal to 0, given all other  $\beta_1$  are present in the model, and that each independent variable is making an important contribution to the model.

#### E. Durbin-Watson Test

The Durbin-Watson test allows one to gauge the presence of autocorrelation in the model and is defined as:

$$D = 2 - 2 \rho.$$

NOTE: The basic regression model assumes the error terms ( $\epsilon_i$ ) are either uncorrelated random variables or independent normal random variables. The model discussed in this appendix involves time series data. For this type of data, the assumption of uncorrelated or independent error terms is often not appropriate. Error terms which are correlated over time are said to be autocorrelated and result from the omission of key variables from the model. When the time-ordered effects of such "missing" key variables are positively correlated, the error terms in the regression model will tend to be positively autocorrelated, since the error terms

include effects of the missing variables. Autocorrelation inflates the T- and F-test statistics so as to make these tests no longer strictly applicable.

The Durbin-Watson test uses the value of the autocorrelation parameter  $\rho$  to test for the presence of autocorrelation. (This is analogous to  $\beta_1$  in the regular model, but here it is a " $\beta$ " for the error terms ( $\epsilon_1$ ).) If  $\rho = 1$  then it may be concluded that the error terms are not independent and are autocorrelated.

or:  $H_0 : \rho = [1]$

$H_1 : \rho$  not equal to  $[1]$

This test will only prove conclusively that autocorrelation exists. The test may, however, fail to indicate the presence of autocorrelation. For the model presented in this appendix, the Durbin-Watson test is equal to 1.58 and is greater than the upper bound of the Durbin-Watson critical test range. It may be concluded that  $H_0$  is to be rejected. At a confidence level of .99, it is concluded that the presence of autocorrelation is not indicated in this model.

#### F. Multicollinearity

NOTE: Multicollinearity exists when the model's independent variables are correlated among themselves, and no unique sum of squares exists that can be ascribed to an independent variable as reflecting that independent variable's effect in reducing the total variation of the dependent variable. As a result, the



individual estimated regression coefficients ( $\beta_1$ ) may not be statistically significant. The fact that some or all independent variables are correlated among themselves does not, in general, inhibit the ability to obtain a good fit, nor does it tend to effect inferences about mean responses or predictions of new observations. It is interesting to note that high correlations among independent variables are frequently found in economic and business analysis.

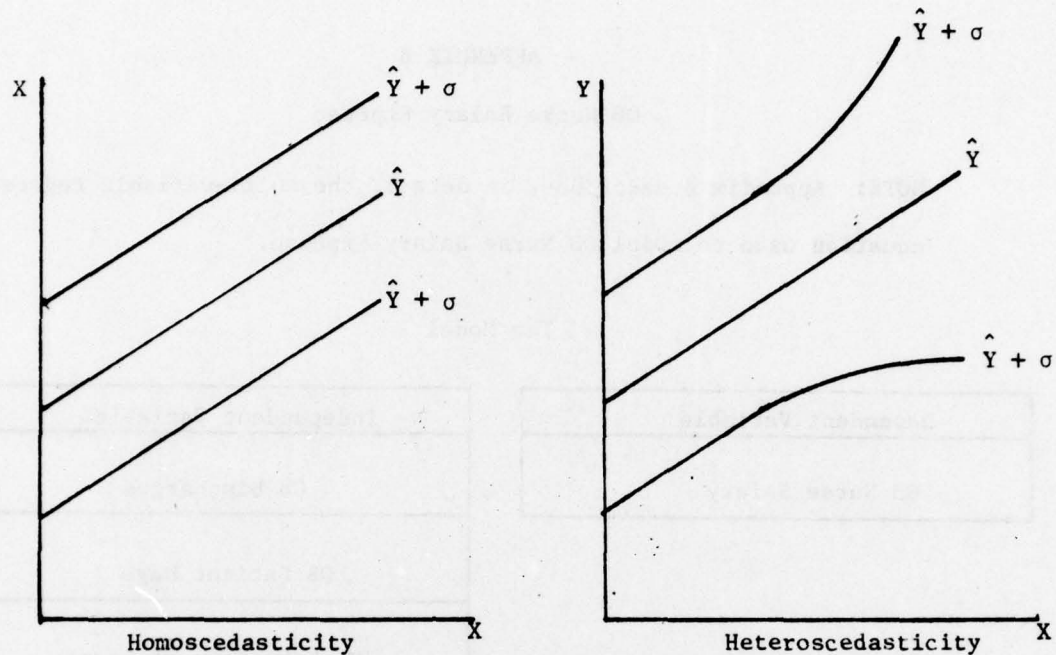
Simple Correlation Matrix

Variable	Total Discharges	OB Nurse Salary	Time
Total Discharges	1.00000	-.3741100	-.6736300
OB Nurse Salary	.37411	1.00000	+.758600
Time	- .6736300	.5758600	1.00000

None of the values shown in the correlation matrix indicate Multicollinearity to be a problem. This fact is particularly true in light of an  $R^2$  value of .92.

#### G. Homoscedasticity

NOTE: The problem of heteroscedasticity results when the variance of the error terms is not constant over all observations. (Homoscedasticity is the condition present when the error variances are constant.)



When heteroscedasticity is present, the estimates are unbiased and consistent; they are also no longer minimum variance unbiased estimators.

#### Conclusion

The three variable regression model presented in this appendix is a statistically sound model for Total Hospital Salary Expense. The computer printout shown on page 56 demonstrates the model's ability to predict Total Hospital Salary Expense based upon Total Discharges, OB Nurse Salary, and Time. An important indicator of this model's ability to forecast Total Salary Expense is an average percent residual error of less than 2.5% over the 35 month period of model evaluation.

## APPENDIX B

### OB Nurse Salary Expense

NOTE: Appendix B describes, in detail, the multi-variable regression equation used to model OB Nurse Salary Expense.

#### The Model

Dependent Variable	Independent Variables
OB Nurse Salary	OB Discharges
	OB Patient Days
	Newborn Days of Care
	Time

OB Nurse Salary Expense can be expressed in terms of the following mathematical expression:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon_i$$

A regression of this model yielded the following coefficients:

$$Y = 10166.4 + (-12) X_1 + 6.46 X_2 + 9.58 X_3 + 94.2 X_4 + \epsilon_i$$

NOTE: Average values for  $X_1$ ,  $X_2$ ,  $X_3$ , and  $X_4$  respectively are 130, 200, 300, and 17. These values tend to support the values found for  $\beta_1$ ,  $\beta_2$ ,  $\beta_3$ , and  $\beta_4$ . The average values taken with the regression coefficients denote the fact that each of our variables is important to the prediction of  $Y$ , and yet no one variable is overpowering.



### Statistics

A.  $R^2 = .73$

$R^2$ , the Coefficient of Multiple Determination, indicates that 73.5% of the variation in OB Nurse Salary Expense is explained by the above stated regression model.

B.  $R_a^2 = .70$

The adjusted coefficient of multiple determination shows the true contribution of the independent variables to the model's explanatory powers.  $R_a^2$  indicates that 70.5% of the variation in OB Nurse Salary Expense is explained by the above stated regression model.

C. F-Test Statistic

$$H_0 : \beta_1 = \beta_2 = \beta_3 = \beta_4 = 0.$$

$$H_1 : \text{At least one } \beta_i \text{ is not equal to } 0.$$

F-critical for a confidence level of .999 is 6.12.

This model's F-statistic is

$$F_{35}^5 = 20.88$$

Since 20.88 is greater than 6.12, it may be concluded that with a certainty of 99.9%, a regression relation between the independent and dependent variables exists. The hypothesis  $H_1$  is, on the basis of this test, accepted and the null rejected.

#### D. T-Statistic

$H_0 : \beta_1 = 0$ ; given all other  $\beta_i$  are present in the model.

$H_1 : \beta_1$  not equal to 0; given all other  $\beta_i$  are present in the model.

Variable	T-Statistic	T-Critical	Confidence Level
O.B. Discharges	-1.87	1.697	.90
O.B. Patient Days	4.32	3.646	.999
Newborn Days of Care	2.33	2.042	.95
Time	2.54	2.48	.98

For each of the above referenced variables, the T-statistic is greater than the value of T-critical. Thus, one may conclude at the appropriate confidence level, that  $\beta_1$  does not equal 0, given all other  $\beta_i$  are present in the model, and that each independent variable is making an important contribution.

#### E. Durbin-Watson Statistic

The Durbin-Watson test uses the value of the autocorrelation parameter  $\rho$  to test for the presence of autocorrelation.

$H_0 : \rho = [1]$

$H_1 : \rho$  not equal to [1]

This test will only prove conclusively that autocorrelation exists. The test may, however, fail to indicate the presence of autocorrelation. For the model presented in this appendix, the Durbin-Watson statistic is equal to 2.78 and is greater than the upper bound of the Durbin-Watson critical test range. It may be concluded

that  $H_0$  is to be rejected. At a confidence level of .99, it is concluded that the presence of autocorrelation is not indicated in this model.

#### F. Multicollinearity

Simple Correlation Matrix

OB Discharges	OB Patient Days	Newborn Days of Care	Time	
1.000	.1656	-.3952	-.5948	OB Discharges
.1056	1.0000	-.4659	.6655	OB Patient Days
-.3952	-.4659	1.0000	-.7425	Newborn Days of Care
.5948	.6655	-.7425	1.0000	Time

None of the values shown in the Simple Correlation Matrix indicate multicollinearity to be a problem. This fact is particularly true in light of an  $R^2$  value of .73.

#### G. Homoscedasticity

A review of the error terms presented on page 55 shows the regression errors to be characterized by the condition of homoscedasticity. The presence of heteroscedasticity is not indicated. Thus, the estimates used in this model are assumed to be minimum variance.



### Conclusion

The four variable regression model presented in this appendix is a statistically sound model for OB Nurse Salary Expense. The computer printout listed on page 52 demonstrates this model's ability to predict OB Nurse Salary Expense as a function of OB Discharges, OB Patient Days, Newborn Days of Care, and Time. An important indicator of this model's ability to forecast OB Nurse Salary Expense is an average percent residual error of 3.7% over the 35 month period of model evaluation. This model has been employed to forecast OB Nurse Salary Expense one month into the future based upon projected workloads. The model has been accurate within 5% of actual OB Nurse Salary Expense for these forecasts.

## APPENDIX C

### Medical/Surgical Nurse Salary Expense

NOTE: Appendix C describes, in detail, the multi-variable regression equation used to model Medical/Surgical Nurse Salary Expense.

#### The Model

Dependent Variable	Independent Variables
Medical/Surgical Nurse Salary Expense	Time
	Medical/Surgical Admissions
	Time Cubed

Medical/Surgical Nurse Salary Expense can be expressed in terms of the following mathematical expression:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \epsilon_1$$

A regression of this model yielded the following coefficients:

$$Y = 110079 + 3135.1 X_1 + 55.5 X_2 + (-1.1) X_3 + \epsilon_1$$

NOTE: Average values for  $X_1$ ,  $X_2$ , and  $X_3$  respectively are 18, 1200, and 5800. These values tend to support the values found for  $\beta_1$ ,  $\beta_2$ , and  $\beta_3$ . The average values taken with the regression coefficients denote the fact that each of our variables is important to the prediction of  $Y$ , and yet no one variable is overpowering.

### Statistics

A.  $R^2 = .63$

$R^2$ , the Coefficient of Multiple Determination, indicates that 63.40% of the variation in OB Nurse Salary Expense is explained by the above stated regression model.

B.  $R_a^2 = .60$

The adjusted coefficient of multiple determination shows the true contribution of the independent variables to the model's explanatory powers.  $R_a^2$  indicates that 60.26% of the variation in Medical/Surgical Nurse Salary Expense is explained by the above stated regression model.

C. F-Test Statistic

$$H_0 : \beta_1 = \beta_2 = \beta_3 = 0$$

$$H_1 : \text{At least one } \beta_i \text{ not equal to 0.}$$

F-critical for a confidence level of .999 is 7.05.

This model's F-statistic is

$$F_{35}^4 = 20.21$$

Since 20.21 is greater than 7.05, it may be concluded that with a certainty of 99.9%, a regression relation between the independent and dependent variables exists. The hypothesis  $H_1$  is, on the basis of this test, accepted and the null rejected.



#### D. T-Statistic

$H_0 : \beta_i = 0$ ; given all other  $\beta_i$  are present in the model.

$H_1 = \beta_i$  not equal to 0; given all other  $\beta_i$  are present in the model.

Variable	T-Statistic	T-Critical	Confidence Level
Time	6.977	3.551	.999
Medical/Surgical Admissions	2.673	2.457	.98
Time Cubed	-4.763	3.551	.999

For each of the above referenced variables, the T-statistic is greater than the value of T-critical. Thus, one may conclude at the appropriate confidence levels that  $\beta_i$  does not equal 0, given all other  $\beta_i$  are present in the model, and that each independent variable is making an important contribution.

#### E. Durbin-Watson Statistic

The Durbin-Watson test uses the value of the autocorrelation parameter  $\rho$  to test for the presence of autocorrelation.

$H_0 : \rho = [1]$

$H_1 : \rho$  does not equal [1]

This test will only prove conclusively that autocorrelation exists. The test may, however, fail to indicate the presence of autocorrelation. For the model presented in this appendix, the Durbin-Watson statistic is equal to 1.04 and is greater than the lower bound of the Durbin-Watson critical test range. It may not be

concluded that autocorrelation is present within this model. The test results show that the presence or lack of autocorrelation in this model is indeterminate.

#### F. Multicollinearity

Simple Correlation Matrix

	Time	Medical/Surgical Admissions	Time Cubed
Time	1.0000	-.8542	.9192
Medical/ Surgical Admissions	-.8589	1.0000	-.78550
Time Cubed	.9192	-.7855	1.0000

The values for Time and Time Cubed are highly correlated. This correlation is expected as the latter variable is derived from the former. None of the other values shown in the Simple Correlation Matrix indicate multicollinearity to be a problem.

#### G. Homoscedasticity

A review of the error terms presented on page 53 shows the regression errors to be characterized by the condition of homoscedasticity. The presence of heteroscedasticity is not indicated. The estimates used in this model are assumed to be minimum variance.

### Conclusion

The three variable regression model presented in this appendix is a statistically sound model for Medical/Surgical Nurse Salary Expense. The computer printout listed on page 46 demonstrates the model's ability to predict Medical/Surgical Nurse Salary as a function of Time and Medical/Surgical Admissions. An important indicator of this model's ability to forecast Medical/Surgical Nurse Salary Expense is an average percent residual error of 3.5% over the 35 month period of model evaluation.



## APPENDIX D

REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY\*\*\*\*\*

----- FOLLOWING REGRESSION STATISTICS DERIVED FROM 39 OBS. INDEXED FROM 1 TO 39 -----

DEPENDENT VARIABLE: INDEX 1 LAG TITLE  
INDEPENDENT VARIABLES: INDEX 2 LAG TITLE  
3 0 TIME FACTOR BETA #1  
4 0 MEDICAL AND SURGICAL ADMISSIONS  
0 TIME FACTOR BETA #1 CORRED

INTERCEPT TERM: ALPHA = 110079.

COEFFICIENT OF MULTIPLE DETERMINATION: R-SQUARED = 0.634041

ADJUSTED COEFFICIENT OF MULTIPLE DETERMINATION: ADJ R-SQUARED = 0.602673 DEGREES OF FREEDOM: 3 (NUMERATOR), 35 (DENOMINATOR)

F-TEST STATISTIC F = 20.2130 DEGREES OF FREEDOM: 3 (NUMERATOR), 35 (DENOMINATOR)

DJBBIN-WATSON STATISTIC W = 1.0381

ESTIMATED RHO (FOR AUTOCORRELATION): RHO = 0.435458

RESIDUAL MEAN SQUARE: SIGMA SQUARED = .107740E+09

VARIABLE INDEX	ESTIMATED COEFFICIENT VALUE	STANDARD ERROR	STUDENT T RATIO	INCREMENTAL CONTRIBUTION	COEFFICIENT OF INCREMENTAL CONTRIBUTION	AVERAGE VALUE OF VARIABLE
2	313.18	453.009	0.69084	0.759890	0.759890	20.0000
3	35.349	25.6149	1.37936	0.219394	0.219394	1175.54
4	-1.13070	0.221362	-5.10836	-0.221362	-0.221362	15667.0
1						240126.
						15667.0

ANALYSIS OF VARIANCE STATISTICS:

F-STATISTIC IS BASED ON THE ADDITIONAL REGRESSION SUM OF SQUARES

ATTRIBUTABLE TO THE VARIABLES INDEXED:	F-STATISTIC:	(NUMERATOR)	DEGREES OF FREEDOM (DENOMINATOR)
3	14.72	2	35
4	22.69	1	35

SIMPLE CORRELATION MATRIX:

VAR 2	1.0000	-0.85892	0.91925
3	-0.53692	1.0000	-0.79550
4	0.71925	-0.79550	1.0000

VARIANCE-COVARIANCE MATRIX:

VAR 2	20550E+09	5251.4	-80.519
3	5251.4	425.18	-0.10617
4	-5.519	-0.10617	.58352E-01

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INDEX OF VARIABLE	1. VARIABLE	TITLE	MEDICAL AND SURGICAL	HOUSE SALARY EXPENSE
INDEX OF VARIABLE	2. VARIABLE	TITLE	LABORATORY	DEATHS
INDEX OF VARIABLE	3. VARIABLE	TITLE	LABORATORY	DEATHS
INDEX OF VARIABLE	4. VARIABLE	TITLE	LABORATORY	DEATHS

[illegible]

42







WOMFILF: FOPPAULA (12/14/77)

2103 PM WEDNESDAY, DECEMBER 14, 1977

100 PROFIT HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY\*\*MS\*\*  
 200 VARNAME OI MEDICAL AND SURGICAL NLRSE SALARY EXPENSE  
 300 VARNAME O2 TIME FACTOR BETA #1  
 400 VARNAME O3 MEDICAL AND SURGICAL ADMISSIONS  
 500 VARNAME O4 TIME FACTOR BETA #1 CUBED  
 600 COMPUTE O4 = O2 \*\* 3.0  
 700 PRINTIT O4 VARS INDEXED O1 O2 O3 O4  
 800 PLOTIT WITH X = O2  
 900 REGRESS DEP O1. TAD O2 O3 O4  
 1000 RANDATA DC PRINT O3 VAP O39 OBS DATAFMT(17,13,15)  
 1100 198559 1 1442  
 1200 198542 2 1394  
 1300 194318 3 1340  
 1400 192359 4 1407  
 1500 188024 5 1197  
 1600 194207 6 1204  
 1700 213614 7 1420  
 1800 191118 8 1261  
 1900 218394 9 1381  
 2000 202024 10 1350  
 2100 214906 11 1404  
 2200 218216 12 1404  
 2300 233735 13 1400  
 2400 232195 14 1296  
 2500 215207 15 1271  
 2600 216774 16 1230  
 2700 228573 17 1060  
 2800 215186 18 1134  
 2900 230934 19 1165  
 3000 236823 20 1084  
 3100 233291 21 1234  
 3200 245391 22 1104  
 3300 239444 23 1074  
 3400 247350 24 1206  
 3500 235397 25 1160  
 3600 240007 26 1194  
 3700 228518 27 1050

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3800 232263 28 1037  
3900 220378 29 1031  
4000 224636 30 927  
4100 210107 31 1054  
4200 199573 32 988  
4300 217551 33 1041  
4400 215013 34 964  
4500 229143 35 938  
4600 228093 36 1054  
4700 235278 37 937  
4800 236542 38 1104  
4900 221320 39 932  
5000 END



	W. 1000	W. 1000	W. 1000
4	4.7184	2.2261	-0.68757
6	3.4284	0.6857	16.770
5	154.06	-37.330	87.839

LISTING AND PLOT OF REGRESSION RESIDUALS

OBS. NO.	ACTUAL Y FROM DATA	ESTIMATED Y	REGRESSION RESIDUALS	PLOT OF RESIDUALS	OBS. NO.
1	1.00	1.00	0.00		1
2	1.00	1.00	0.00		2
3	1.00	1.00	0.00		3
4	1.00	1.00	0.00		4
5	1.00	1.00	0.00		5
6	1.00	1.00	0.00		6
7	1.00	1.00	0.00		7
8	1.00	1.00	0.00		8
9	1.00	1.00	0.00		9
10	1.00	1.00	0.00		10
11	1.00	1.00	0.00		11
12	1.00	1.00	0.00		12
13	1.00	1.00	0.00		13
14	1.00	1.00	0.00		14
15	1.00	1.00	0.00		15
16	1.00	1.00	0.00		16
17	1.00	1.00	0.00		17
18	1.00	1.00	0.00		18
19	1.00	1.00	0.00		19
20	1.00	1.00	0.00		20
21	1.00	1.00	0.00		21
22	1.00	1.00	0.00		22
23	1.00	1.00	0.00		23
24	1.00	1.00	0.00		24
25	1.00	1.00	0.00		25
26	1.00	1.00	0.00		26
27	1.00	1.00	0.00		27
28	1.00	1.00	0.00		28
29	1.00	1.00	0.00		29
30	1.00	1.00	0.00		30
31	1.00	1.00	0.00		31
32	1.00	1.00	0.00		32
33	1.00	1.00	0.00		33
34	1.00	1.00	0.00		34
35	1.00	1.00	0.00		35
36	1.00	1.00	0.00		36
37	1.00	1.00	0.00		37
38	1.00	1.00	0.00		38
39	1.00	1.00	0.00		39
40	1.00	1.00	0.00		40
41	1.00	1.00	0.00		41
42	1.00	1.00	0.00		42
43	1.00	1.00	0.00		43
44	1.00	1.00	0.00		44
45	1.00	1.00	0.00		45
46	1.00	1.00	0.00		46
47	1.00	1.00	0.00		47
48	1.00	1.00	0.00		48
49	1.00	1.00	0.00		49
50	1.00	1.00	0.00		50
51	1.00	1.00	0.00		51
52	1.00	1.00	0.00		52
53	1.00	1.00	0.00		53
54	1.00	1.00	0.00		54
55	1.00	1.00	0.00		55
56	1.00	1.00	0.00		56
57	1.00	1.00	0.00		57
58	1.00	1.00	0.00		58
59	1.00	1.00	0.00		59
60	1.00	1.00	0.00		60
61	1.00	1.00	0.00		61
62	1.00	1.00	0.00		62
63	1.00	1.00	0.00		63
64	1.00	1.00	0.00		64
65	1.00	1.00	0.00		65
66	1.00	1.00	0.00		66
67	1.00	1.00	0.00		67
68	1.00	1.00	0.00		68
69	1.00	1.00	0.00		69
70	1.00	1.00	0.00		70
71	1.00	1.00	0.00		71
72	1.00	1.00	0.00		72
73	1.00	1.00	0.00		73
74	1.00	1.00	0.00		74
75	1.00	1.00	0.00		75
76	1.00	1.00	0.00		76
77	1.00	1.00	0.00		77
78	1.00	1.00	0.00		78
79	1.00	1.00	0.00		79
80	1.00	1.00	0.00		80
81	1.00	1.00	0.00		81
82	1.00	1.00	0.00		82
83	1.00	1.00	0.00		83
84	1.00	1.00	0.00		84
85	1.00	1.00	0.00		85
86	1.00	1.00	0.00		86
87	1.00	1.00	0.00		87
88	1.00	1.00	0.00		88
89	1.00	1.00	0.00		89
90	1.00	1.00	0.00		90
91	1.00	1.00	0.00		91
92	1.00	1.00	0.00		92
93	1.00	1.00	0.00		93
94	1.00	1.00	0.00		94
95	1.00	1.00	0.00		95
96	1.00	1.00	0.00		96
97	1.00	1.00	0.00		97
98	1.00	1.00	0.00		98
99	1.00	1.00	0.00		99
100	1.00	1.00	0.00		100

RANGE OF PLOT

MIN. = -2200.14 MAX. = 2200.14

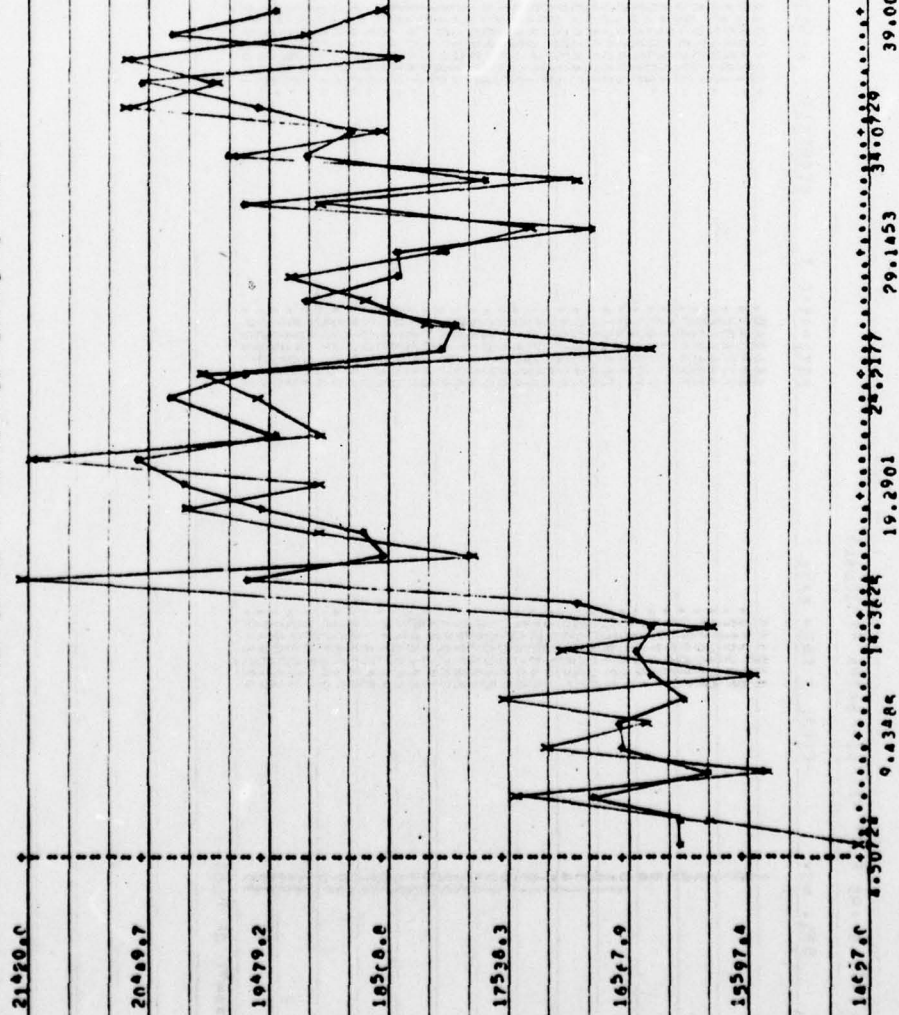
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\*\*\*\*\* DETAIL REGRESSION X-Y PLOT \*\*\*\*\*  
REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY-08-TOTAL SALARY-  
REGRESSION EQUATION TITLE:

Y VARIABLE # 1 TITLE: ON NURSE SALARY EXPENSE  
(X'S PLOTTED WITH AN X-Y ESTIMATES PLOTTED WITH AN X-Y)



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LISTING AND PLOT OF REGRESSION RESIDUALS

OBS. NO.	ACTUAL Y FROM DATA	ESTIMATED Y	REGRESSION RESIDUALS	PLOT OF RESIDUALS	OBS. NO.
1	63.45	64.24	-0.79		1
2	63.46	64.24	-0.78		2
3	63.47	64.24	-0.77		3
4	63.48	64.24	-0.76		4
5	63.49	64.24	-0.75		5
6	63.50	64.24	-0.74		6
7	63.51	64.24	-0.73		7
8	63.52	64.24	-0.72		8
9	63.53	64.24	-0.71		9
10	63.54	64.24	-0.70		10
11	63.55	64.24	-0.69		11
12	63.56	64.24	-0.68		12
13	63.57	64.24	-0.67		13
14	63.58	64.24	-0.66		14
15	63.59	64.24	-0.65		15
16	63.60	64.24	-0.64		16
17	63.61	64.24	-0.63		17
18	63.62	64.24	-0.62		18
19	63.63	64.24	-0.61		19
20	63.64	64.24	-0.60		20
21	63.65	64.24	-0.59		21
22	63.66	64.24	-0.58		22
23	63.67	64.24	-0.57		23
24	63.68	64.24	-0.56		24
25	63.69	64.24	-0.55		25
26	63.70	64.24	-0.54		26
27	63.71	64.24	-0.53		27
28	63.72	64.24	-0.52		28
29	63.73	64.24	-0.51		29
30	63.74	64.24	-0.50		30
31	63.75	64.24	-0.49		31
32	63.76	64.24	-0.48		32
33	63.77	64.24	-0.47		33
34	63.78	64.24	-0.46		34
35	63.79	64.24	-0.45		35
36	63.80	64.24	-0.44		36
37	63.81	64.24	-0.43		37
38	63.82	64.24	-0.42		38
39	63.83	64.24	-0.41		39
40	63.84	64.24	-0.40		40
41	63.85	64.24	-0.39		41
42	63.86	64.24	-0.38		42
43	63.87	64.24	-0.37		43
44	63.88	64.24	-0.36		44
45	63.89	64.24	-0.35		45
46	63.90	64.24	-0.34		46
47	63.91	64.24	-0.33		47
48	63.92	64.24	-0.32		48
49	63.93	64.24	-0.31		49
50	63.94	64.24	-0.30		50

RANGE OF PLOT

MP. = -49301.9

MAX. = 49301.9

\*\*\*\*\* DETRIM REGRESSION ANALYSIS \*\*\*\*\*

REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY..08..TOTAL SALARY..

----- FOLLOWING REGRESSION STATISTICS DERIVED FROM 35 OBS. INDEXED FROM 1 TO 35 -----

DEPENDENT VARIABLE: INDEX LAG TOTAL SALARY EXPENSE

INDEPENDENT VARIABLE: LAG TOTAL DISCHARGES  
LAG TOTAL SALARY EXPENSE  
LAG TOTAL SALARY EXPENSE  
LAG TOTAL SALARY EXPENSE

INTERCEPT TERM: ALPHA = 347233.

COEFFICIENT OF MULTIPLE DETERMINATION: R-SQUARED = 0.921609

ADJUSTED COEFFICIENT OF MULTIPLE DETERMINATION: ADJ R-SQUARED = 0.914023 DEGREES OF FREEDOM: 3 (NUMERATOR), 31 (DENOMINATOR)

F-TEST STATISTICS: F = 121.4849 DEGREES OF FREEDOM: 3 (NUMERATOR), 31 (DENOMINATOR)

DURBIN-WATSON STATISTICS: D = 1.5804

ESTIMATE RHO (FOR AUTO-CORRELATION): RHO = 0.172256

RESIDUAL MEAN SQUARE: SIGMA SQUARED = .478054E+09

VARIABLE	ESTIMATE	STANDARD ERROR	STUDENT T RATIO	INCREMENTAL CONTRIBUTION	AVERAGE VALUE OF VARIABLE
1	45.2819	53.3174	0.84913	0.121768	1351.51
2	14.8449	3.11057	4.77286	0.280785	2807.85
3	6038.24	669.1071	9.02380	0.861064	22.0000
4					
5					
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35					

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ANALYSIS OF VARIANCE STATISTICS:

F-STATISTIC IS BASED ON THE ADDITIONAL REGRESSION SUM OF SQUARES

ATTRIBUTABLE TO THE VARIABLES INDEXED	F-STATISTICS	(NUMERATOR)	(DENOMINATOR)
1	113.4	1	31
2	107.5	1	31
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
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31			
32			
33			
34			
35			

SIMPLE CORRELATION MATRIX:

VAR	1	2	3	4	5
1	1.0000	-0.3741	-0.67363		
2	-0.3741	1.0000	0.57586		
3	-0.67363	0.57586	1.0000		
4				1.0000	
5					1.0000

VARIANCE-COVARIANCE MATRIX:

VAR	1	2	3	4	5
1	2842.8	-3.6263	21550.		
2	-3.6263	9.8632	-992.83		
3	9.8632	-992.83	44766.756		
4				1.0000	
5					1.0000



IN ACCORDANCE WITH CONTROL CARD(S) NO. 9 - 9. THE VALUES OF THE FOLLOWING VARIABLE(S) WILL BE PRINTED:

DATE	DESCRIPTION	AMOUNT	BALANCE
12-1-78	DEPOSIT	100.00	100.00
12-1-78	DEPOSIT	100.00	200.00
12-1-78	DEPOSIT	100.00	300.00
12-1-78	DEPOSIT	100.00	400.00
12-1-78	DEPOSIT	100.00	500.00
12-1-78	DEPOSIT	100.00	600.00
12-1-78	DEPOSIT	100.00	700.00
12-1-78	DEPOSIT	100.00	800.00
12-1-78	DEPOSIT	100.00	900.00
12-1-78	DEPOSIT	100.00	1000.00
12-1-78	DEPOSIT	100.00	1100.00
12-1-78	DEPOSIT	100.00	1200.00
12-1-78	DEPOSIT	100.00	1300.00
12-1-78	DEPOSIT	100.00	1400.00
12-1-78	DEPOSIT	100.00	1500.00
12-1-78	DEPOSIT	100.00	1600.00
12-1-78	DEPOSIT	100.00	1700.00
12-1-78	DEPOSIT	100.00	1800.00
12-1-78	DEPOSIT	100.00	1900.00
12-1-78	DEPOSIT	100.00	2000.00
12-1-78	DEPOSIT	100.00	2100.00
12-1-78	DEPOSIT	100.00	2200.00
12-1-78	DEPOSIT	100.00	2300.00
12-1-78	DEPOSIT	100.00	2400.00
12-1-78	DEPOSIT	100.00	2500.00
12-1-78	DEPOSIT	100.00	2600.00
12-1-78	DEPOSIT	100.00	2700.00
12-1-78	DEPOSIT	100.00	2800.00
12-1-78	DEPOSIT	100.00	2900.00
12-1-78	DEPOSIT	100.00	3000.00
12-1-78	DEPOSIT	100.00	3100.00
12-1-78	DEPOSIT	100.00	3200.00
12-1-78	DEPOSIT	100.00	3300.00
12-1-78	DEPOSIT	100.00	3400.00
12-1-78	DEPOSIT	100.00	3500.00
12-1-78	DEPOSIT	100.00	3600.00
12-1-78	DEPOSIT	100.00	3700.00
12-1-78	DEPOSIT	100.00	3800.00
12-1-78	DEPOSIT	100.00	3900.00
12-1-78	DEPOSIT	100.00	4000.00
12-1-78	DEPOSIT	100.00	4100.00
12-1-78	DEPOSIT	100.00	4200.00
12-1-78	DEPOSIT	100.00	4300.00
12-1-78	DEPOSIT	100.00	4400.00
12-1-78	DEPOSIT	100.00	4500.00
12-1-78	DEPOSIT	100.00	4600.00
12-1-78	DEPOSIT	100.00	4700.00
12-1-78	DEPOSIT	100.00	4800.00
12-1-78	DEPOSIT	100.00	4900.00
12-1-78	DEPOSIT	100.00	5000.00
12-1-78	DEPOSIT	100.00	5100.00
12-1-78	DEPOSIT	100.00	5200.00
12-1-78	DEPOSIT	100.00	5300.00
12-1-78	DEPOSIT	100.00	5400.00
12-1-78	DEPOSIT	100.00	5500.00
12-1-78	DEPOSIT	100.00	5600.00
12-1-78	DEPOSIT	100.00	5700.00
12-1-78	DEPOSIT	100.00	5800.00
12-1-78	DEPOSIT	100.00	5900.00
12-1-78	DEPOSIT	100.00	6000.00
12-1-78	DEPOSIT	100.00	6100.00
12-1-78	DEPOSIT	100.00	6200.00
12-1-78	DEPOSIT	100.00	6300.00
12-1-78	DEPOSIT	100.00	6400.00
12-1-78	DEPOSIT	100.00	6500.00
12-1-78	DEPOSIT	100.00	6600.00
12-1-78	DEPOSIT	100.00	6700.00
12-1-78	DEPOSIT	100.00	6800.00
12-1-78	DEPOSIT	100.00	6900.00
12-1-78	DEPOSIT	100.00	7000.00
12-1-78	DEPOSIT	100.00	7100.00
12-1-78	DEPOSIT	100.00	7200.00
12-1-78	DEPOSIT	100.00	7300.00
12-1-78	DEPOSIT	100.00	7400.00
12-1-78	DEPOSIT	100.00	7500.00
12-1-78	DEPOSIT	100.00	7600.00
12-1-78	DEPOSIT		

VARIABLE INDEX NUMBER:

[illegible]

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INDEX OF VARIABLE = 7, VARIABLE TITLE: TOTAL SALARY EXPENSE

VARIABLE INDEX NUMBERS

OBS NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100







REFRUTH ECONOMETRIC PACKAGE VERSION 06/20/77 44/02/80 12:11

```

TRUEMTH REGRESSION ANALYSIS PARAMETER LIMITS FOR THIS RUN ARE:
50 = MAXIMUM LIMIT FOR OBSERVATIONS
51 = MAXIMUM LIMIT FOR SUM OF RAW AND CALCULATED VARIABLES
50 = MAXIMUM LIMIT FOR NUMBER OF INDEPENDENT VARIABLES USED IN A REGRESSION ANALYSIS.

```

COES OF CONTROL CARDS SUBMITTED FOR DETRUTH REGRESSION ANALYSIS

(CIRCUIT NUMBER)
40
54
60
70
80

PROFITABLE HOSPITAL COST PREDICTIVE ECONOMETRY: SURVEY OF CB TOTAL SALARY

[illegible]

15  
TOTAL NUMBER OF DETROIT CONTROL CARDS SUBMITTED 15

1150 PM MEDNESDAY, DECEMBER 14, 1971

MORFILE1 FORPAAL (12/14/71)

100 PRYTHIL HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY\*\*08\*\*TOTAL SALARY\*\*

200 VARIANCE 0108 NURSE SALARY EXPENSE

300 VARIANCE 0208 DISCHARGES

400 VARIANCE 0308 PATIENT DAYS

500 VARIANCE 0408 OBTAIN BETA\*01

600 VARIANCE 0508 OBTAIN BETA\*01

700 VARIANCE 0608 OBTAIN BETA\*01

800 VARIANCE 0708 OBTAIN BETA\*01

900 PRINTING 07 VARS INDEXED 01 02 03 04 05 06 07

1000 VARIANCE 0808 OBTAIN BETA\*01

1100 REGRESS DEP 01, IND 02 04 05 05

1200 VARIANCE 0908 OBTAIN BETA\*01

1300 REGRESS DEP 07, IND 03 01 05

1400 DATA 03 PRINT 07 VARS 035 085 DATA 01 07 14 15 16 17 18 19 20

1500 14027 133 1474 451 5 435 642445

1600 15075 136 1319 453 6 426 667246

1700 17447 138 1587 496 7 467 739912

1800 15400 103 1327 403 8 375 682034

1900 17221 143 1549 477 9 439 710957

2000 15300 130 1447 462 10 429 715920

2100 17492 131 1539 415 11 391 738719

2200 15081 115 1509 425 12 385 710724

2300 17065 110 1486 410 13 395 790215

2400 15806 119 1461 414 14 376 768063

2500 15958 122 1331 437 15 416 773970

2600 21920 107 1419 560 16 382 808214

2700 17782 091 1348 779 17 292 825066

2800 16983 099 1283 755 18 321 763102

2900 20131 123 1307 558 19 363 800636

3000 15982 086 1268 547 20 373 843551

3100 21321 093 1393 550 21 407 895567

3200 16991 076 1291 730 22 346 865020

3300 19502 089 1305 566 23 345 870058

3400 13962 073 1318 770 24 320 897192

3500 16394 171 1379 742 25 293 867782

3600 15109 191 1321 727 26 305 905296

3700 18598 181 1257 536 27 327 875908

3800 19192 152 1284 730 28 294 888043

3900 17964 146 1167 728 29 270 850574

4000 17343 175 1179 567 30 235 803745

4100 15472 166 1319 793 31 349 882596

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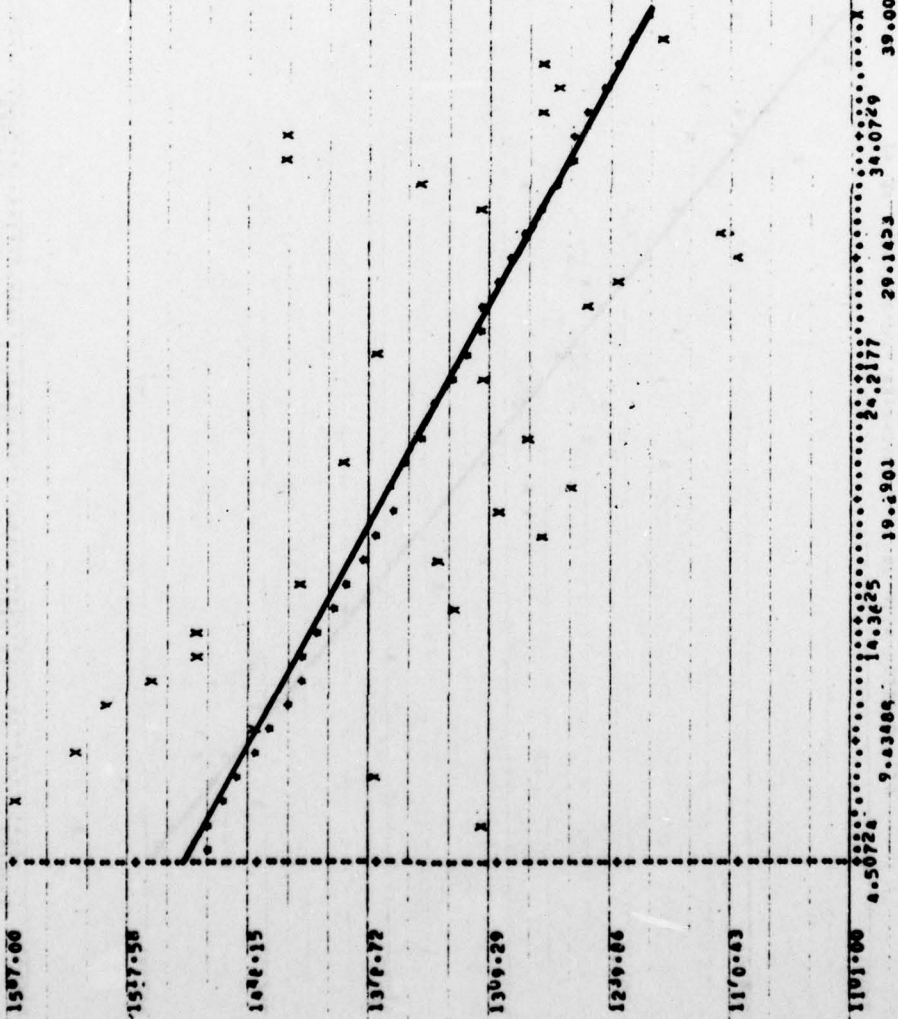
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4300 19768 171 1427 769 33 355 947561  
4400 19474 171 1435 746 34 279 909552  
4500 20604 161 1279 756 35 352 927531  
4600 19861 188 1274 260 36 359 915595  
4700 20550 163 1285 714 37 237 885011  
4800 19133 186 1214 552 38 329 973911  
4900 18545 168 1101 576 39 335 925639  
5000 —END

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\*\*\*\*\* DEIRUTH REGRESSION KEY PLOT \*\*\*\*\*  
REGRESSION SERIES 1111: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY \*\*\*\*\* ALPHA 01.0000  
REGRESSION EQUATION TITLE:

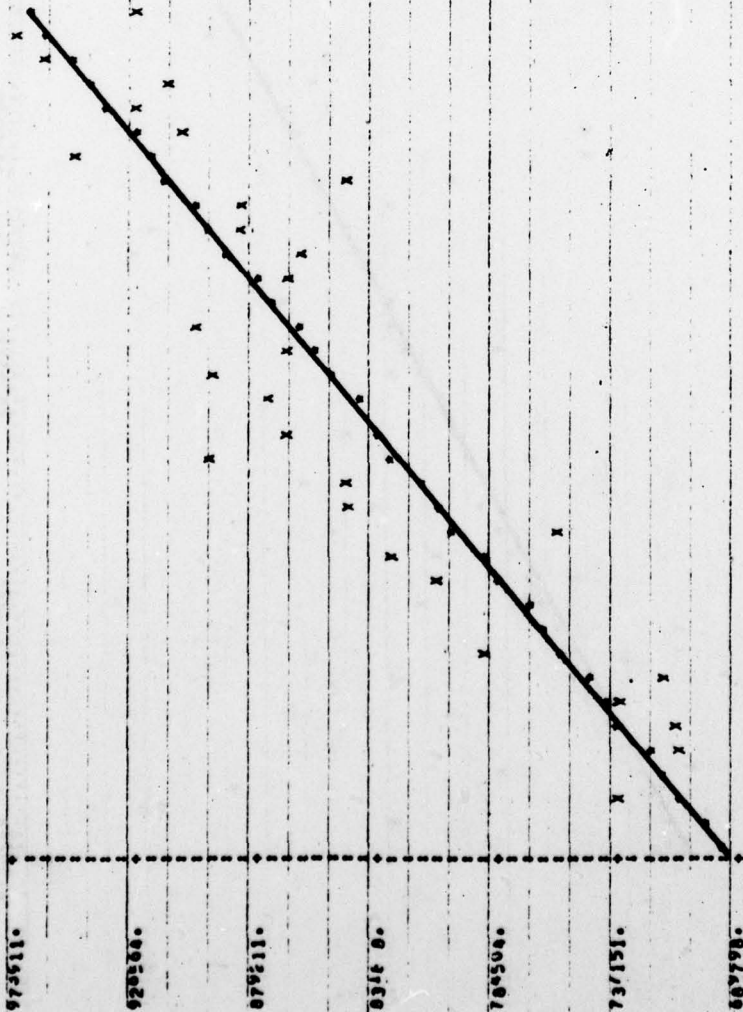
Y VARIABLE 8 7 TITLE: TOTAL DISCHARGES  
(Y'S PLOTTED WITH AN X; Y ESTIMATES PLOTTED WITH AN X)



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\*\*\*\*\* DEIRUTH REGRESSION X-Y PLOT \*\*\*\*\*  
REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY \*\*\*\*\* ALPHA: 01.000 \*\*\*\*\*  
REGRESSION EQUATION TITLE:

Y VARIABLE # 14 TITLE: TOTAL SALARY-PENROSE  
(Y'S PLOTTED WITH AN X'S Y ESTIMATES PLOTTED WITH AN X'S)

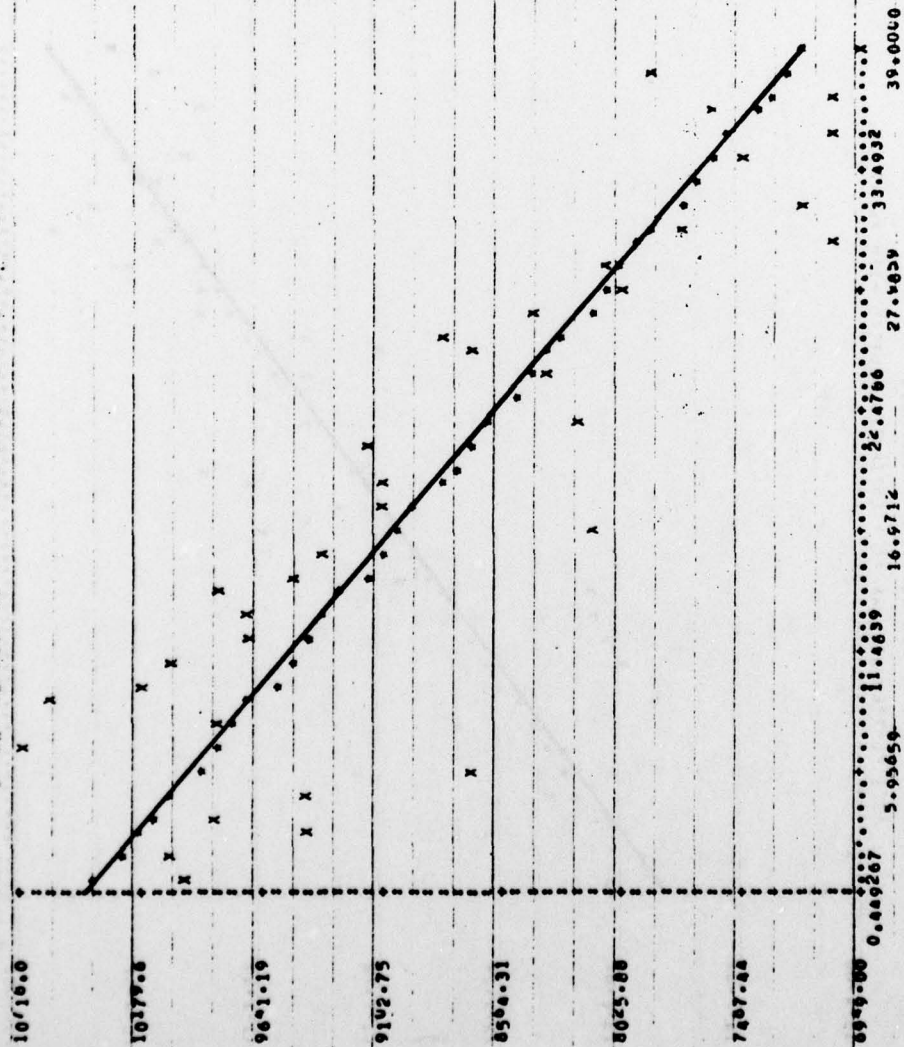




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\*\*\*\*\* DEIRUTH REGRESSION KEY PLOT \*\*\*\*\*  
REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY \*\*\*\*\* ALPHA 2 \*\*\*\*\*  
REGRESSION EQUATION TITLE:

Y VARIABLE 8 7 TITLE: MEDICAL AND SURGICAL PATIENT DAYS OF CARE  
(Y'S PLOTTED WITH AN X) Y ESTIMATES PLOTTED WITH AN X)

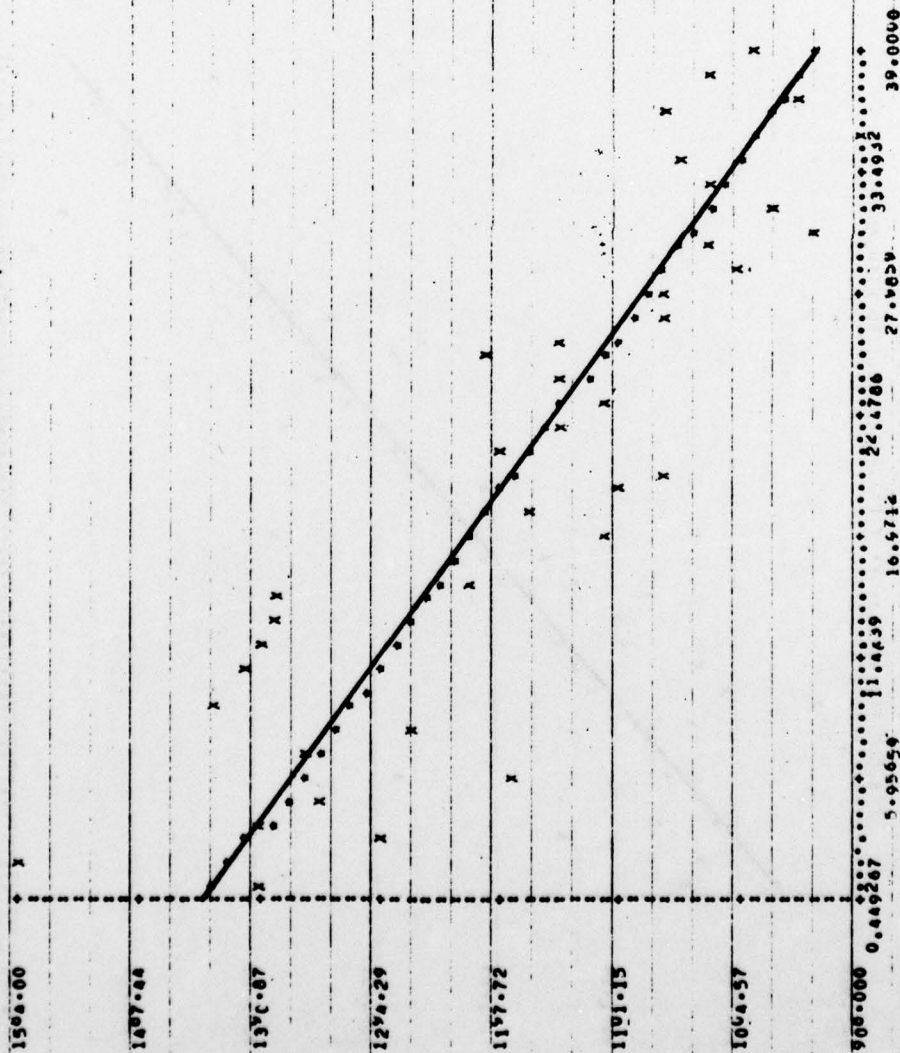


X VARIABLE 3 3 TITLE: TIME FACTOR BETA 01

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\*\*\*\*\* DEIRUTH REGRESSION X-Y PLOT \*\*\*\*\*  
REGRESSION SERIES TITLE: HOSPITAL LOSAT PREDICTIVE ECONOMETRIC SURVEY \*\*\*\*\* ALPHA 82.00PS\*\*  
REGRESSION EQUATION TITLE:

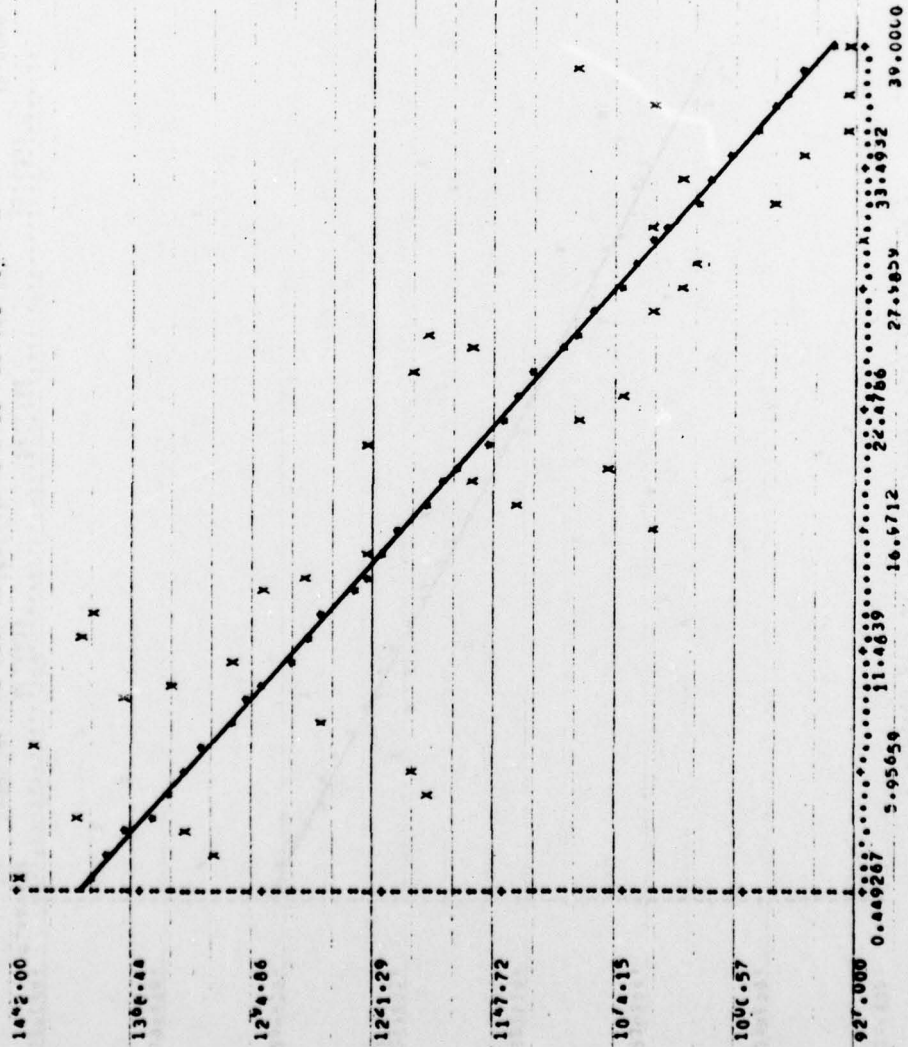
Y VARIABLE # 6 TITLE: MEDICAL AND SURGICAL DISCHARGES  
(Y'S PLOTTED WITH AN X'S Y ESTIMATES PLOTTED WITH AN X'S)



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\*\*\*\*\* DEIRUTH REGRESSION X-Y PLOT \*\*\*\*\*  
REGRESSION SERIES TITLE: HOSPITAL MOST PREDICTIVE ECONOMETRIC SURVEY \*\*\*\*\* ALPHA .02 \*\*\*\*\*  
REGRESSION EQUATION TITLE:

Y VARIABLE # 5 TITLE: MEDICAL AND SURGICAL ADMISSIONS  
(Y'S PLOTTED WITH AN X; Y ESTIMATES PLOTTED WITH AN X)



X VARIABLE # 3 TITLE: TIME FACTOR BETA #1

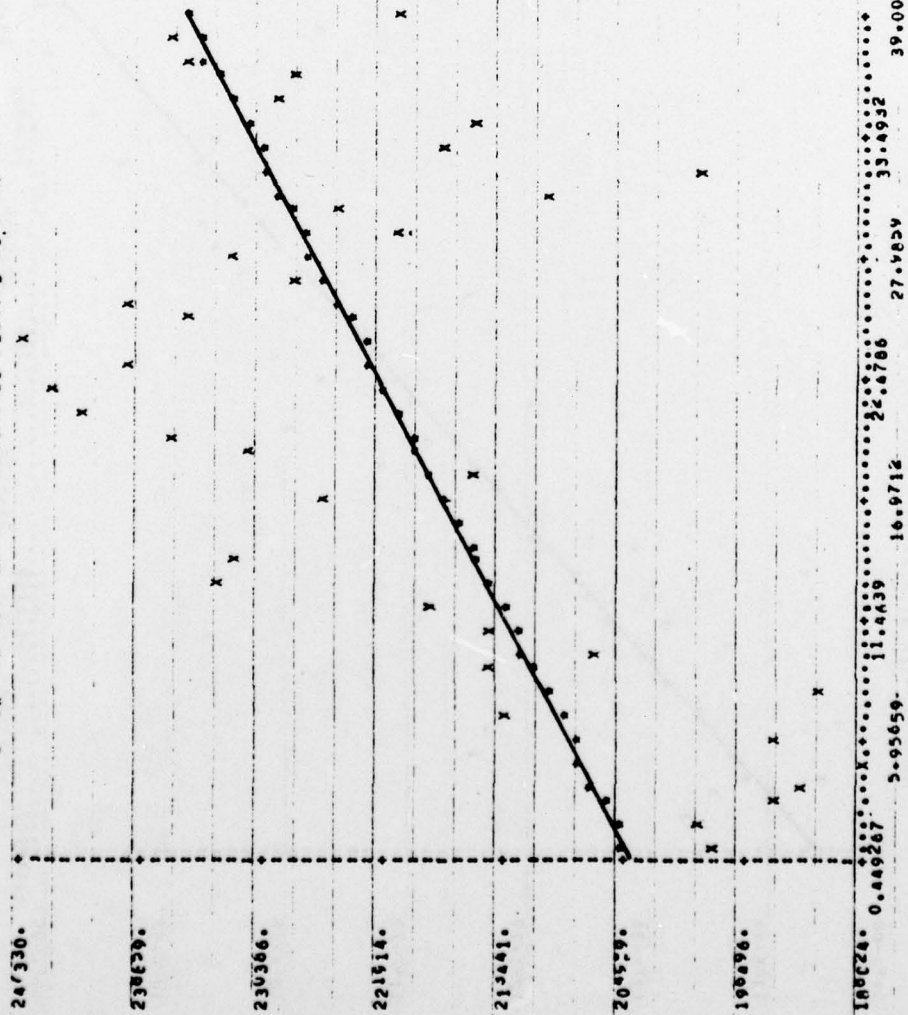


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\*\*\*\*\* DEIRUTH REGRESSION AND PLQI \*\*\*\*\*  
REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY\*\*\*\*\*ALPHA 02.0500  
REGRESSION EQUATION TITLE:

Y VARIABLE # 4 TITLE: NURSE SALARY\*\*\*\*\*MEDICAL/SURGICAL\*\*\*\*\*

(X'S PLOTTED WITH AN X Y ESTIMATES PLOTTED WITH AN \*)



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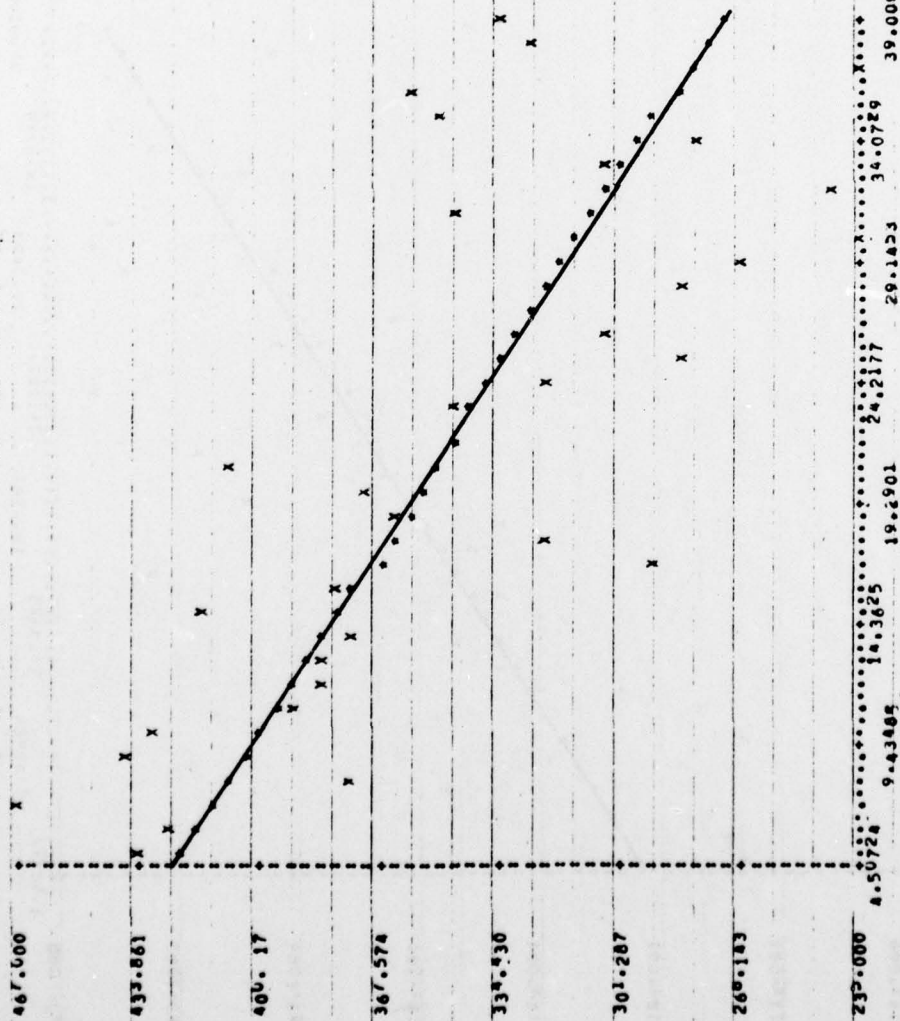
\*\*\*\*\* DEATH REGRESSION X-Y PLOT \*\*\*\*\*ALPHA 11.08\*\*

REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY

REGRESSION EQUATION TITLE:

Y VARIABLE # 11 TITLE: NPAURN DAYS OF CARE

X'S PLOTTED WITH AN X Y ESTIMATES PLOTTED WITH AN X Y



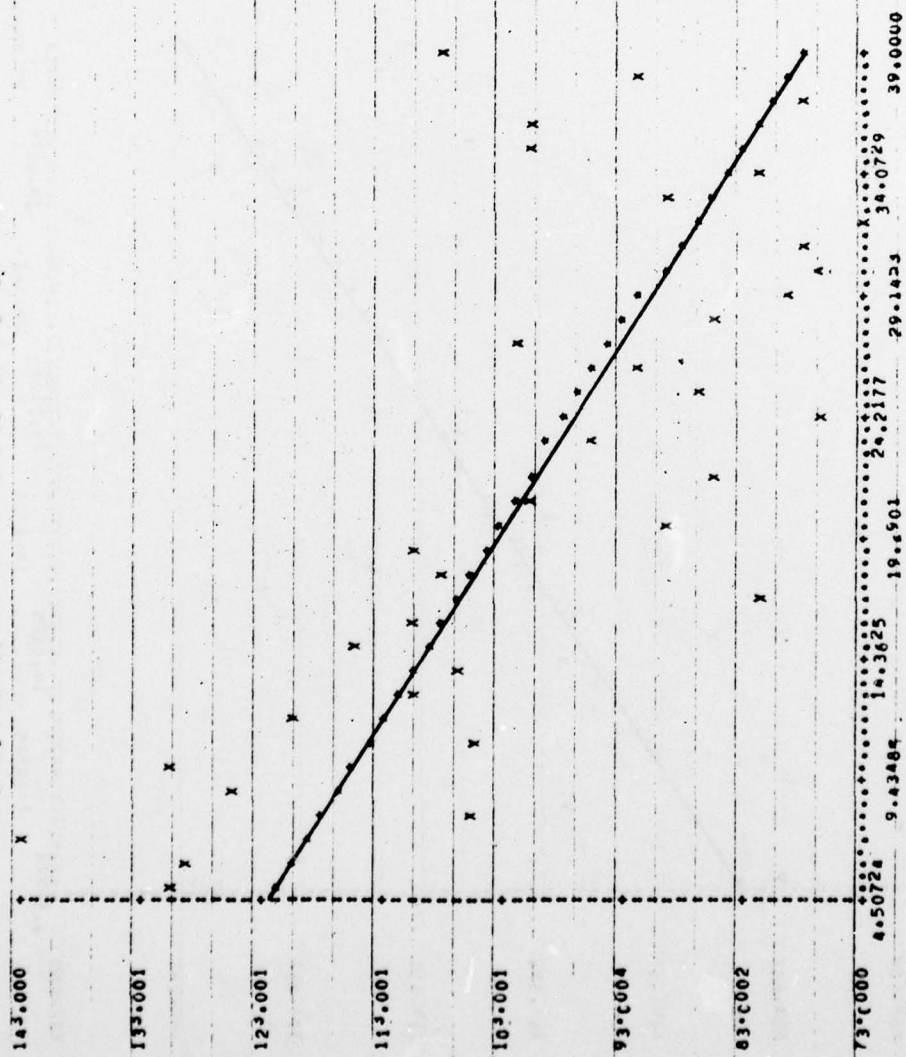
X VARIABLE # 10 TITLE: TIME FACTOR BETA=01

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\*\*\*\*\* DEFAULT REGRESSION X-Y PLOT \*\*\*\*\*  
REGRESSION SERIES TITLE: MCSEPTAL COST PREDICTIVE ECONOMETRIC SURVEY \*\*\*\*\* ALPHA 21.08  
REGRESSION EQUATION TITLE:

Y VARIABLE # 12 TITLE: DPLIVEMIES

(Y'S PLOTTED WITH AN X Y ESTIMATES PLOTTED WITH AN X)



X VARIABLE # 10 TITLE: TIME FACTOR BETA\*01



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\*\*\*\*\* DEIRUM REGRESSION X-Y PLOT \*\*\*\*\*  
REGRESSION SERIES TITLE: HOSPITAL COST PREDICTIVE ECONOMETRIC SURVEY \*\*\*\*\* ALPHA #1-ALB\*\*  
REGRESSION EQUATION TITLE:

Y VARIABLE # 1 TITLE: OR NURSE SALARY

(Y'S PLOTTED WITH AN X; Y ESTIMATES PLOTTED WITH AN X)

